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APPLICANTS Barry S. Fogel, Waban, MA;				
** CONTINUING DATA ***** This application is a DIV of 09/193,892 11/18/1998 PAT 6,294,583 which is a CIP of 09/006,641 01/13/1998 PAT 5,952,389				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/17/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 70 INDEPENDENT CLAIMS 8
ADDRESS 20995				
TITLE METHODS OF TREATING TARDIVE DYSKINESIA AND OTHER MOVEMENT DISORDERS				
FILING FEE RECEIVED 1449	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	